

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK * In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject.

to a penalty fee of \$25.00.				•	•		
1. Corporate ID No. 88880	2. Name of Corporation SWEET ALLEN FARM CONDOMINIUM ASSOCIATION						
3. State of Incorporation RHODE ISLAND		ess in Rhode Island - Street Ad		City	Zip 02886		
			D .	WARWICK	02000		
5. Foreign corporation. Enter principal office address			City	State	Ζίρ		
6. Brief Description of the characte	er of the affairs which	are actually conducted in Rho	de Island				
MANAGEMENT O	F CONDOMIN	NIUM UNITS					
7. NAMES AND ADDRESS	ES OF THE OFFI	CERS: ("X" BOX FOR AT	ACHMENT) 🔲 FILL IN SPACE	ES BERORE USING ATTA	CHMENTS		
President Name SCOTT TSAGARAK		macimistra y de la francia de la sua de primiser de la francia de la francia de la francia de la francia de la	Vice President Name KATHY DECESARE				
Street Address 244 SWEET ALLEN FARM ROAD, C-3			Street Address 272 SWEET ALLEN FARM ROAD				
City WAKEFIELD	State RI	<i>Σφ</i> 02879	City WAKEFIELD	State RI	^{Ztp} 02879		
Secretary Name MARIE GALLANTE			Treasurer Name ROSALIND PAPA				
Street Address 8 ACORN COURT, E-5			Street Address 18 ACORN COURT, F-5				
City WAKEFIELD	State R I	<i>z</i> _ф 02879	City WAKEFIELD	State RI	^{Zip} 02879		
8. NAMES AND ADDRESS	ES OF THE DIRE	CTORS: ("X" BOX FOR A	<i>TTACHMENT)</i> FILL IN SPAC	ES BEFORE USING ATTA	CHMENTS		
THE NUMBER OF DIREC	TORS OF A DOM	ESTIC (RHODE ISLAN	D) CORPORATION SHALL N	OT BE LESS THAN THR	EE (3). R.I.G.L. 7-6-23		
Director Name SCOTT TSAGARAKIS			Director Name KATHY DECESARE				
Street Address 244 SWEET ALLEN FARM ROAD, C-3			Street Address 272 SWEET ALLEN FARM ROAD				
City WAKEFIELD	State R I	^{Zip} 02879	City WAKEFIELD	State R I	^{Zip} 02879		
Director Name MARIE GALLANTE			Director Name				
Street Address 8 ACORN COURT, E - 5			Street Address				
City WAKEFIELD	State RI	<i>z</i> φ 02879	City	State	Zip		
9. REGISTERED AGENT IN	N ŘHODE ISLANI	D DÖ NOT ALTER = CI	nanges require filing of For	m 641 - R.I.G.L. 7-6-13	7-6-78		
Agent Name TERRY SOMERS			Address 3678 WEST SH	ORE ROAD			
Address			O	Zip	·		
P O BOX 6758	<u> </u>		WARWICK	0288	37		
This report mus	st be signed by ei	ther the President. Vice i	President, Secretary, Assistant				

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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

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Signature of O		-		Date	_
SCOTT	TSI	AGARAKIS			

Title of Officer